



WORK & TRAVEL USA  
FEE DISCLOSURE FORM

A Cultural Exchange Program - 2020

INDEPENDENT OPTION

First name:

Last name:

Exchanges ID:

CIEE Representative code:



Fees that will be collected by the CIEE International Representative, CIEE or the U.S. government.

| Fee                                   | Amount<br>(Please specify currency: ) | Inclusions   |
|---------------------------------------|---------------------------------------|--|
| <b>Program fee</b>                    |                                       | - Application fee<br>- Agent support pre-departure<br>- U.S. Sponsor support<br>- Orientation<br>- Insurance Plan<br>(for policy details visit <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a> )<br>- Screening for program<br>- English eligibility test<br>- Administrative costs<br>- Translation of documents |
| <b>SEVIS fee</b>                      |                                       | - U.S. government administrative cost  |
| <b>Visa interview fee</b>             |                                       | - U.S. government administrative cost  |
| <b>Promotion</b>                      |                                       | - Discount   |
| <b>Placement fee</b>                  |                                       | - All costs related to finding a placement   |
| <b>Expedite fee</b>                   |                                       | - Expedited forms and/or application review  |
| <b>Housing fee</b>                    |                                       |  |
| <b>Transportation fee</b>             |                                       |  |
| <b>Other services</b>                 |                                       |  |
| <b>Total fees</b> (excluding airfare) |                                       |  |
| <b>Flight</b> (estimated cost)        |                                       | - Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)   |

**Cancellation Policy:**

**Other program costs and pricing notes:**

Participant Fee Agreement

I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit. I understand that wages may not cover the entirety of program and living expenses and that I should have access to additional personal funds.

Name (printed):

Signature:



Date (DD/MM/YYYY):